

Massachusetts Bioterrorism Preparedness Advisory Committee

State Lab Auditorium, Jamaica Plain

10:00am - 12:00pm

July 30, 2002

Welcome, Introductions, and Updates

Al DeMaria

We are having so many meetings because we are trying to keep everyone informed, communication is very important. The HRSA and CDC programs are federally funded, but state budget cuts will have an effect on bioterrorism progress because until new staff are brought on board, current staff are being utilized and layoffs may affect the filling of new positions.

SATURN (Statewide Anti-Terrorism United Response Network) Update

The SATURN program is a collaborative initiative of the Anti-Terrorism Task Force, the Executive Office of Public Safety, and the Office of Commonwealth Security. DPH has been invited to join the existing three teams: Red (Fire), White (Emergency Management), and Blue (Police). DPH staff members have been attending orientation sessions around the state. This program brings together everyone in a community to create a unified response network. They are now incorporating public health agencies, hospitals, campus police, the Department of Correction, etc. For more information, see www.mass.gov/SATURN.

Although the CDC grant is specific to bioterrorism, we are interested in all hazard and threat preparation. Ultimately, stronger public health infrastructure at the local level.

The work groups' focus is on content, i.e. training, curricula, policy, etc. Mission statements will be circulated soon.

Question: When will the work groups begin meeting?

Al DeMaria: The time limited work groups have begun meeting: NPS, Decon/Isolation, Smallpox, Surge Capacity. The ongoing work groups will be meeting later. See page 5 for the schedule of all of the work groups.

Question: I sent an email to volunteer for a work group but haven't had a response.

Al DeMaria: You will, we are forming memberships lists now.

MMRS Updates

Worcester *Tom Connell*

- The most important clarification to make is that the MMRS cities do not have a grant, we have a contract. What that means is we get no money unless we turn in our deliverables – so we are very time sensitive.
- We have the same initiatives as the state but different timelines. We are trying to be as involved as possible with the state and their committees so we don't duplicate efforts.
- We have a steering committee and several subcommittees – three will meet the first week of August.
- Deliverable One and Two are in, now the pharmaceutical plan is our top priority.
- Our area is all of Preparedness Region 2, it includes 12 hospitals and 62 cities and towns.

Springfield *Linda Moriarty*

- We are about at the same place as Worcester.
- We have formed a steering committee and four work groups: Pharmaceutical, HazMat, Biological Response, Mass Casualty.
- Right now we are concentrating on the pharmaceutical plan, we may be able to deliver that in the next 30 days.
- Work groups should be meeting in the next 2-4 weeks.
- Our coverage goes as far north as Northampton, as far west as Westfield, and as far east as Wilbraham. It includes 26 communities and 5 hospitals.
- We are also coordinating with the state to avoid redundancy.

Question: What about Berkshire county?

Linda Moriarty: We're struggling with that, we don't think we can spread ourselves that thin. The feds announced volunteer medical groups that may address that.

Al DeMaria: DHHS announced \$50,000 grants that may be awarded to communities to develop a medical reserve corps. DPH is going to try to coordinate efforts.

Boston *John Bilotas*

- Our MMRS program began in 1996 as one of 13 cities to work on education, training, weapons of mass destruction, and HazMat.
- We are working with the Boston Public Health Commission on a surveillance task force.
- We are getting MOUs for Boston Public Schools and translators for the NPS program.
- We have issued personal protective equipment to all Boston EMS employees.
- We have limited response and advisory to all of New England.

Al DeMaria:

Everyone is working together to coordinate and avoid redundancy and overlap.

Work Group Updates

Decon/Isolation/PPE *Brad Prenney for Nancy Ridley*

There are three areas to this work group:

1. Provide assistance in deploying the mass decon units
2. Provide recommendations on PPE (personal protective equipment) and training
3. Emergency Department isolation rooms

The first meeting was July 24, following the Hospital Preparedness Planning Committee meeting. The charter was reviewed and discussed. The main focus right now is the deployment of the mass decon units. They were purchased through a DOJ grant. Each unit is controlled by the local fire department, but there is flexibility in deployment. We are coming up with model plans and practices for these units and working on training: awareness regarding decontamination and isolation and team training regarding deployment of the units.

The next meeting is August 13. Representatives from COBTH and Emerson will present their approaches on deployment.

There is a discussion board at masmasdecon@yahoo.com

We will have a website up soon with membership, meeting dates, minutes, etc.

NPS *Grant Carrow*

The first meeting is August 6 in the Public Health Council Room at DPH, 250 Washington Street, 2nd Floor.

- We have 18-20 non-DPH representatives, including hospitals, MMRSs, Boards of Health.
- We will address general issues and develop a detailed NPS plan that will extend to the preparedness regions to manage NPS assets.
- Our new priority is to be able to deliver antibiotics/vaccinations to the entire population of Massachusetts within 3-5 days of a bioterrorist event. We must report to CDC by October 1 regarding this priority, so the first charge of the work group will be to achieve that goal. At the same time, we have to work on our interim plan, making changes and recommendations to refine it.
- We will soon be hiring NPS coordinators, one statewide and two regional.
- We need to look at our task as opposed to building up public health infrastructure in general – NPS issues can be applied to other issues in emergency preparedness. We are expanding the state's capacity to handle large piles of pharmaceuticals, rapidly transport vaccines, pharmaceuticals, and medical supplies, and enhancing the coordination among federal, state and local agencies.
- We need to increase expertise and educate the public in advance of a disaster.

Surge Capacity *David Ozonoff*

The Surge Capacity work group has not yet met, but the New England Collaborative has been working on this issue. The New England Collaborative is a non membership organization that includes people from public health and others to address issues related to preparedness. We are looking at using hotels and motels – we have a meeting this afternoon with the hotel industry. In the event of an influenza pandemic or another epidemic, issues include staffing, equipment, and business and legal issues.

Smallpox Vaccine *Al DeMaria*

The work group is charged with making recommendations to DPH around the ACIP recommendations of June 20 – that each state organize smallpox response teams, predesignate hospitals to care for smallpox patients, and vaccinate staff.

- The first meeting was last week. We dealt with the predesignation issue. We will send out minutes soon.
- We have to decide how to deal with the first introduction of smallpox in Massachusetts.
- We are waiting for DHHS to announce how many doses of vaccine will be released.
- There is a danger from the live vaccine virus itself – there is a risk to the person who receives the vaccine and the person's contacts.

The next two meeting of this work group will be:

August 9, 10am, Room 123 at the State Lab

August 21, 3pm, Room 133 at the State Lab

NEXT WORK GROUP MEETINGS

Work Group	Date	Time	Location	Contact
NPS	Aug. 6	10am	250 Washington	Grant Carrow
HAN	Aug. 8	9am	State Lab	Jim Daniel
Smallpox	Aug. 9	10am	Room 123, State Lab	Al DeMaria
Needs Assessment	Aug. 13	1pm	State Lab Auditorium	Jana Ferguson
Surveillance and Epidemiology	Aug. 14	3pm	Room 133, State Lab	MarySheryl Horine, Pat Kludt, Fredric Cantor
Education and Training	Aug. 20	2pm	Room 133, State Lab	Alison Hackbarth, Fredric Cantor
Smallpox	Aug. 21	3pm	Room 133, State Lab	Al DeMaria

Harvard Center for Public Health Preparedness

Leonard Marcus, PhD, Harvard School of Public Health

There is a nationwide network of 19 Centers for Public Health Preparedness funded by CDC. One area Harvard is focusing on is collaboration and conflict resolution.

- Public health workforce development in Massachusetts, Maine and beyond
- Primary focus is to respond to states' training needs assessments
- Linkages include Harvard School of Public Health, other schools of public health, the New England Collaborative for Public Health Preparedness
- Specific areas of expertise:
 - Training: locally led Broadcast Training
 - Topics: rural health, collaborations, polling
 - Mini Grants Project: fund projects with the New England Collaborative
 - Collaborative problem solving and conflict resolution

Improving Collaborative Problem Solving

- The Problem – where are the gaps?
- Leadership
- New Working Relationships
- Collaboration – bring together federal, state, and local agencies, and non governmental organizations to create a strong web of surveillance, detection and response.
- Three scenarios:
 1. Preparation and planning
 2. Managing a threat
 3. Managing an event

An example of problem solving for the advisory committee is to ask the question: What are the points of connectivity we should be working on?

Discussion that followed raised a large number of issues related to connectivity, communication, and preparedness.

*The next Bioterrorism Preparedness and Response Advisory Committee meeting is **October 1, 10am – 12pm at the State Lab**

*The next Hospital Preparedness Planning Committee meeting is **September 25, 9am – 11am at the State Lab**